



Meadowlark District 4-H Ambassador Application

First Term *(please circle term)* *Second Term*

Full Name _____

4-H Club _____ Years in 4-H _____ Date of Birth _____

Year in School _____ Name of School _____

Address _____ Applicant's Email _____

City _____ State _____ Zip Code _____ Applicant's Cell Phone _____

Please complete this application and return to your local Extension Office before October 1st. Additionally, provide the MED Ambassador Reference Form to one NON-relative, adult reference. Submit this completed form in a sealed envelope with your application.

REQUIREMENTS TO BE A MEADOWLARK 4-H AMBASSADOR

- Be enrolled in the 4-H Leadership project.
- Age range from High School Freshman through 4-H age 18.
- Commit to a two year term, with a renewal form required after completion of first year.
- MED 4-H Ambassadors must attend State 4-H Ambassador training at least once during a 2 year term.
- Submit an application, reference form and attend scheduled interviews of potential Ambassadors.
- Be a registered 4-H volunteer or complete the Volunteer Service Screening Process.
- **The 4-H Ambassador program is a large commitment for 4-H'ers and their families. Please take time to carefully consider all the time commitment to the program, before applying.**
- Abide by State and Local Ambassador Policy. **Please read, review, understand and adhere to the following documents:** *(initial by those you've reviewed)*
 - Meadowlark District 4-H Ambassador Policy _____
 - Meadowlark 4-H Ambassador Job Description _____
 - Ambassador and Kansas Code of Conduct _____
- Objectives of the Ambassador program are:
 - Serve as a public relations group for the Meadowlark District 4-H Program.
 - Promote and strengthen 4-H Clubs, 4-H program activities and events – tell the 4-H story.
 - Organize 4-H promotional activities.
 - Help conduct local 4-H events, informing and promoting to the general public.
 - Serve as a sounding board for 4-H youth ideas and concerns.
 - Develop personal leadership skills and self-confidence, while helping others to do the same.
 - Encourage financial support for 4-H.

Office Use

Date Received: _____

APPLICATION

____ Approved

Date: _____

____ Declined

Date: _____

Reviewed by:

(Initials) _____

6. Please describe your ability to work with people, handle responsibility and your personal initiative.

7. What is the single most important item to remember while representing Meadowlark District 4-H as an Ambassador?

8. Why do you want to be an Ambassador?

I have personally prepared this application and believe it to be a true and accurate reflection of me. I've read, understand and will abide by the qualifications and requirements of being a Meadowlark District 4-H Ambassador as stated in the 4-H Ambassador Documentation mentioned above. I understand that there is a minimum time commitment of approximately five hours per month and I will be expected to participate as much as possible. I understand that failure to meet any of these requirements could result in my dismissal as a 4-H Ambassador.

4-Her's Signature: _____ Date: _____

Parent/Guardian Agreement:

I have read and understand the Meadowlark District Ambassador Policy and State 4-H Ambassador Position Description. I agree to see that my child abides by them and I agree to support those in charge as they perform their duties.

Parent or Guardian Signature: _____ Date: _____

4-H Club Leader Signature: _____ Date: _____

ADVISORS: Use this box to provide input on applicant's past Ambassador Performance if they are applying for a second, two year term. 1 (needed improvement) to 5 (excellent)	
Participation during meetings/activity 1 __ 2__ 3__ 4__ 5__	Completed activities assigned to 1__ 2__ 3__ 4__ 5__
Came to meetings and activities with work completed 1__ 2__ 3__ 4__ 5__	Followed instructions 1__ 2__ 3__ 4__ 5__
When necessary to miss a meeting/activity, notified Advisor and asked for information from meeting 1 __ 2__ 3__ 4__ 5__	
Worked well as a group, involving all team members 1__ 2__ 3__ 4__ 5__	
Would Recommend ____	Wouldn't Recommend ____
(provide written justification)	
_____ Ambassador Advisor Signature	

